

CAUSE NO. 201762464
2017-62464 / Court: 011
 RECEIPT NO. 0.00 MTA

10/5/2017 4:47 PM
 Chris Daniel - District Clerk Harris County
 Envelope No. 19896003
 By: GABRIELA COX
 Filed: 10/5/2017 4:47 PM

TR # 73416917

PLAINTIFF: LARUE, RUDOLPH C
 vs.

DEFENDANT: STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

In The 11th
 Judicial District Court
 of Harris County, Texas
 11TH DISTRICT COURT
 Houston, TX

CITATION

THE STATE OF TEXAS
 County of Harris

TO: STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY (AN INSURANCE
 CARRIER) MAY BE SERVED BY SERVING THROUGH ITS REGISTERED AGENT
 CORPORATION SERVICE COMPANY
 211 E 7TH ST STE 620 AUSTIN TX 78701 - 3218

Attached is a copy of PLAINTIFF'S ORIGINAL PETITION AND REQUEST FOR DISCLOSURE

This instrument was filed on the 21st day of September, 2017, in the above cited cause number
 and court. The instrument attached describes the claim against you.

YOU HAVE BEEN SUED, You may employ an attorney. If you or your attorney do not file a
 written answer with the District Clerk who issued this citation by 10:00 a.m. on the Monday
 next following the expiration of 20 days after you were served this citation and petition,
 a default judgment may be taken against you.

TO OFFICER SERVING:

This citation was issued on 25th day of September, 2017, under my hand and
 seal of said Court.

Issued at request of:

LARUE, DAVID JOHN
 3220 BROADWAY STREET
 HOUSTON, TX 77017
 Tel: (281) 922-4878
 Bar No.: 24029682



Chris Daniel
 CHRIS DANIEL, District Clerk
 Harris County, Texas
 201 Caroline Houston, Texas 77002
 (P.O. Box 4651, Houston, Texas 77210)

Generated By: HILL, MARCELLA DIANA DBG//10778099

OFFICER/AUTHORIZED PERSON RETURN

Came to hand at _____ o'clock ____ M., on the ____ day of _____,

Executed at (address) _____ in

_____ County at _____ o'clock ____ M., on the ____ day of _____,

_____, by delivering to _____ defendant, in person, a

true copy of this Citation together with the accompanying _____ copy(ies) of the Petition

attached thereto and I endorsed on said copy of the Citation the date of delivery.

To certify which I affix my hand officially this ____ day of _____,

FEE: \$ _____

_____ of _____ County, Texas

Affiant _____

By _____ Deputy _____

On this day, _____, known to me to be the person whose
 signature appears on the foregoing return, personally appeared. After being by me duly sworn,
 he/she stated that this citation was executed by him/her in the exact manner recited on the
 return.

SWORN TO AND SUBSCRIBED BEFORE ME, on this ____ day of _____,

Notary Public



AFFIDAVIT OF SERVICE

State Of Texas

In The 11 th Judicial Court Of
Harris County, Texas
Houston Tx

Cause Number 201762464

Plaintiff:

Rudolf C. LaRue

VS.

Defendant:

State Farm Mutual Insurance Co.

For:

David John LaRue

3220 Broadway Street

Houston, Texas 77017

Bar no.24029682

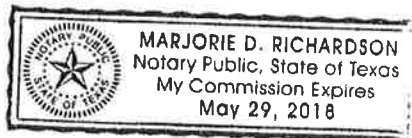
Received By Richardson Investigations on the 29 th day of Sept 2017 at 05:00 pm to
Be served to: State Farm Ins. Co. By serving Registered Agent Corporation Service
Company 211 E 7th St. Ste 620 Austin, Texas 78701

I, Ed Richardson being duly sworn, depose and say that on the 03 rd.day of Oct 2017
at 09:18 am, I delivered to the within named Person a true copy of the
Plaintiffs Original Petition Request For Disclosure on the date endorsed by me to
Corporation Service Company 211 E 7th St. Ste 620 Austin, Texas 78701 By Reg Mail

I am over the age of eighteen, an authorized process server, not a party. and have no
interest in the above action.

Subscribed and Sworn to before
me on the 03th of Oct 2017
by the affiant who is personally
known to me

Marjorie D. Richardson
NOTARY PUBLIC



Ed Richardson
Ed Richardson
PSC# 1030
Expires 07/31/2020
Richardson Investigations
22210 Woodrose Dr.
Katy, Texas 77450
(281) 693-5384

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete Items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>CORPORATION SERVICE CO. 211 E 7th St Ste 620 AUSTIN, TEXAS 78701</p> <p>2. Article Number (Transfer from service label)</p> <p>7017 1070 0000 0173 4725</p>		<p>A. Signature <u>Chris Salzan</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery OCT 03 2017</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent to	
CORPORATION SERVICE CO.	
Street and Apt. No., or PO Box #	
211 E 7th St Ste 620	
City, State, ZIP+4®	
AUSTIN, TEXAS 78701	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here

7017 1070 0000 0173 4725

9/21/2017 10:41 AM
 Chris Daniel - District Clerk Harris County
 Envelope No. 19575629
 By: Justina Lemon
 Filed: 9/21/2017 10:41 AM

2017-62464 / Court: 011

CAUSE NO. _____

RUDOLPH LARUE
Plaintiff,

v.

STATE FARM MUTUAL
AUTOMOBILE INSURANCE
COMPANY
Defendant.

§
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§
§
§

IN THE DISTRICT COURT

JUDICIAL DISTRICT

HARRIS COUNTY, TEXAS

PLAINTIFF'S ORIGINAL PETITION AND REQUEST FOR DISCLOSURE

TO THE HONORABLE JUDGE OF SAID COURT:

NOW COMES RUDOLPH LARUE, hereinafter called Plaintiff, complaining of and about STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY, hereinafter called Defendant, and for cause of action shows unto the Court the following:

I. DISCOVERY CONTROL PLAN

Plaintiff intends to conduct discovery under Level 3 of Texas Rule of Civil Procedure 190.3 and affirmatively pleads that she seeks damages that are within the jurisdictional limits of the Court: Plaintiff seeks monetary relief of over \$200,000 but not more than \$1,000,000.

II. PARTIES AND SERVICE

Plaintiff is an individual who is a resident of Texas. The last three digits of the Plaintiff's driver's license number are 502. The last three digits of the social security number for the Plaintiff are 813.

Defendant, **STATE FARM MUTUAL AUTOMOBILE INSURANCE**, an insurance carrier, may be served with process by serving its registered agent for service of process, **CORPORATION SERVICE COMPANY** 211 E. 7th St., Ste 620, Austin, Texas 78701-3218. Service of said Defendant as described above can be effected by personal service or certified mail, return receipt requested.

III. JURISDICTION AND VENUE

The Court has jurisdiction over the subject matter, and the amount in controversy is within the jurisdictional limits of this court. This court has jurisdiction over the parties, and all or a substantial part of the events occurred in this county. Venue in Harris County is proper in this cause.

IV. FACTS

On or about October 03, 2015, Plaintiff was operating a 1999 Volvo S-70. Plaintiff was traveling North in the 3400 Block of North FWY, Harris County Texas. Suddenly and without warning, un-insured motorist, MARCO TELLO, while following too close, failed to keep a proper lookout and struck the vehicle operated by Plaintiff from behind. MARCO TELLO failed to control speed and failed to apply brakes causing him to crash into the rear of the vehicle operated by Plaintiff. The impact was with such force to push the vehicle Plaintiff was driving into another vehicle. The crash resulting from the negligent actions of MARCO TELLO proximately caused the injuries and damages complained of in this petition.

At the time of the incident, Plaintiff was covered by an un-insured motorist policy with Defendant, STATE FARM MUTUAL AUTOMOBILE INSURANCE. The collision in question was caused by the negligence of the un-insured motorist and his negligence was the proximate cause of the severe injuries and damages suffered by the Plaintiff.

V. NEGLIGENCE OF UN-INSURED MOTORIST

Un-insured motorist, MARCO TELLO had a duty to exercise the degree of care that a reasonably careful person would use to avoid harm to others under circumstances similar to those described herein.

Plaintiff's injuries were proximately caused by TELLO'S negligent, careless and reckless disregard of said duty. The negligent, careless and reckless disregard of duty of TELLO, consisted of, but is not limited to, the following acts and omissions:

- A. Defendant, MARCO TELLO, failed to keep a proper lookout for other vehicles;
- B. Defendant, MARCO TELLO, was driving at an unsafe speed unlike a person of ordinary prudence would have under the same or similar circumstance;
- C. Defendant, MARCO TELLO, failed to maintain safe distance from Plaintiff;
- D. Defendant, MARCO TELLO, failed to apply brakes;
- E. Defendant, MARCO TELLO, failed to avoid the incident in question.

**VI. DECLARATORY JUDGMENT TO DETERMINE
RIGHTS UNDER THE UM/UIM CONTRACT**

Plaintiff brings this Declaratory Judgment action under Civil Practice & Remedies Code Ch. 37 Uniform Declaratory Judgments Act to determine Plaintiff's rights under her UM/UIM insurance contract with STATE FARM MUTUAL AUTOMOBILE INSURANCE (STATE FARM INSURANCE).

On the date of the subject auto accident, October 03, 2015, Plaintiff was covered by an insurance policy issued by Defendant, STATE FARM MUTUAL AUTOMOBILE INSURANCE. This policy included uninsured/underinsured motorists' coverage. Plaintiff is a valid "covered person" under this policy. On or about October 03, 2015, Plaintiff was involved in a motor vehicle accident in which the other driver was an un-insured motorist. The vehicle that Plaintiff was operating was insured by STATE FARM MUTUAL AUTOMOBILE INSURANCE for \$30,000.00. As a result of the accident caused by the negligence of a third party tortfeasor, Plaintiff incurred damages far in excess of the primary insurance limits. Plaintiff is entitled to the benefits purchased by way of the Underinsured Motorists policy.

Defendant, STATE FARM MUTUAL AUTOMOBILE INSURANCE, was timely informed of the accident and that Plaintiff intended to claim under uninsured/underinsured benefits. All conditions precedent have been performed or have occurred as required by Texas Rule of Civil Procedure 54.

Plaintiff seeks a declaratory judgment from the Court that:

- 1) Defendant, TELLO, was negligent and that said negligence was the proximate cause of Plaintiff's damages;
- 2) Plaintiff's damages exceed available insurance coverage under the primary policy; and
- 3) The amount of underinsured motorist benefits that Plaintiff is entitled to recover under the subject UIM/UM insurance contract with Defendant, STATE FARM MUTUAL AUTOMOBILE INSURANCE, after all applicable offsets and credits.

VI. PLAINTIFF'S DAMAGES/LOSSES

As a direct and proximate result of the occurrence made the basis of this lawsuit, Plaintiff was caused to suffer severe bodily injuries, and to incur some or all of the following damages:

- A. Reasonable and necessary medical care and expenses in the past. These expenses were incurred by Plaintiff, RUDOLPH LARUE, for the necessary care and treatment of the injuries resulting from the accident complained of herein and such charges are reasonable and customary charges for such services in the County in which they were received;
- B. Reasonable and necessary medical care and expenses which will in all reasonable probability be incurred in the future;
- C. Physical pain and suffering in the past and future;
- D. Physical Impairment in the past and future;
- E. Mental anguish in the past and future; and,
- F. Loss of earning capacity past and future

Plaintiff seeks damages that are within the jurisdictional limits of the Court: Plaintiff seeks monetary relief of over \$200,000 but not more than \$1,000,000; and for all other relief to which the Plaintiff may be entitled.

VII. REQUEST FOR DISCLOSURE

Pursuant to Rule 194, Defendant, STATE FARM MUTUAL AUTOMOBILE INSURANCE, is Requested to Disclose, within 50 (fifty) days of service of this request, the

information and material described in Rule 194.2 (a)-(c), (e)-(i) & (l) of the Texas Rules of Civil Procedure.

VIII. PRAYER

WHEREFORE, PREMISES CONSIDERED, Plaintiff respectfully asks that the Defendant be cited to appear and answer and that upon a final hearing of the cause, judgment be entered for the Plaintiff against Defendant for some or all of the following damages:

- a) Physical pain and suffering in the past and future;
- b) Mental anguish in the past and future;
- c) Physical impairment in the past and future;
- d) Reasonable and necessary medical expenses in the past and future;
- e) Costs of suit;
- f) Prejudgment and post-judgment interest;
- g) All other and further relief, in law and in equity, to which Plaintiff may be entitled.

Respectfully submitted,

LONCAR & ASSOCIATES

3220 Broadway Street

Houston, Texas 77701

(281) 922-4878 Telephone

(713) 649-3725 Facsimile

By: /s/David J. LaRue
David J. LaRue
State Bar No. 24029682
dlarue@brianloncar.com
ATTORNEY FOR PLAINTIFF

74RFECS

10/30/2017 10:12:23 AM PAGE 10/010 Fax Server

22210 Woodrose Dr
Katy, Texas 77450

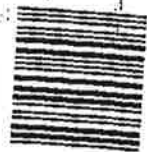
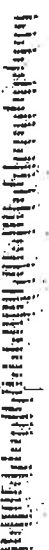
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CERTIFIED MAIL

Corporation Service Company
211 E 7 th Street Ste 620
Austin, Texas 78701

78701-323250



U.S. POSTAGE
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\$6.80
R2304E107293-04

78701

10/30/2017 3:34 PM
Chris Daniel - District Clerk Harris County
Envelope No. 20392853
By: GABRIELA COX
Filed: 10/30/2017 3:34 PM

CAUSE NO. 2017-62464

RUDOLPH LARUE	§	IN THE DISTRICT COURT OF
	§	
V.	§	HARRIS COUNTY, TEXAS
	§	
STATE FARM MUTUAL	§	
AUTOMOBILE INSURANCE	§	
COMPANY	§	11TH JUDICIAL DISTRICT

DEFENDANT'S ORIGINAL ANSWER

TO THE HONORABLE JUDGE OF SAID COURT:

COMES NOW, **STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY**, (hereinafter "State Farm"), Defendant in the above-entitled and numbered cause, and files this its Original Answer to Plaintiff's Original Petition and all subsequent supplemental and/or amended petitions filed against it and would respectfully show the Court and Jury as follows:

I.

Pursuant to the provisions of Rule 92 of the Texas Rules of Civil Procedure, Defendant denies each and every, all and singular, the allegations contained in the Plaintiff's Original Petition, and demands strict proof thereof.

II.

Defendant would show that Plaintiff has failed to fulfill the conditions precedent for bringing an uninsured motorist claim against Defendant. Specifically, Plaintiff has failed to establish that he is legally entitled to recover damages from the owner or operator of an uninsured motor vehicle because of bodily injury sustained by him, caused by an accident. *Part C of the State Farm Texas Personal Auto Policy.*

III.

Pleading further, Defendant would show that it is entitled to all credits and offsets allowed under the policy against any damages awarded by the jury. Such credits and offsets include, but are **not limited to**, all Personal Injury Protection (PIP) payments previously made by State Farm to Plaintiff, if any.

IV.

Defendant asserts that Plaintiff is not entitled to attorney fees in this case as there has not yet been a showing of liability or damages entitling Plaintiff to recovery of uninsured motorist benefits.

V.

Defendant asserts that Plaintiff is not entitled to pre-judgment interest or any other damages beyond the policy limits of uninsured motorist coverage under the subject insurance contract.

VI.

Plaintiff's right to recover medical expenses is limited by the provision of Tex. Civ. Prac. & Rem. Code 41.0105. Plaintiff is only entitled to recover the amount paid or incurred by or on behalf of the Plaintiff.

VII.

Defendant reserves the right to amend this Original Answer pursuant to the said Rules of Civil Procedure.

WHEREFORE, PREMISES CONSIDERED, Defendant pray that Defendant be released and discharged of the charges filed against it, that Plaintiff takes nothing by reason of this suit, and for such other and further relief to which Defendant may be justly

entitled and for which Defendant will forever pray.

Respectfully submitted,

GERMER PLLC



By: _____

BARBARA L. HACHENBURG

State Bar No. 08667070

America Tower

2929 Allen Parkway, Suite 2900

Houston, TX 77019

(713) 650-1313 – Telephone

(713) 739-7420 – Facsimile

bhachenburg@germer.com

ATTORNEY FOR DEFENDANT

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing has been served on all counsel in accordance with Rules 21 and 21a of the Texas Rules of Civil Procedure, on this 30th day of October, 2017.



BARBARA L. HACHENBURG

HCDistrictclerk.com

LARUE, RUDOLPH C vs. STATE FARM MUTUAL
AUTOMOBILE INSURANCE COMPANY
Cause: 201762464 CDI: 7 Court: 011

11/2/2017

APPEALS

No Appeals found.

COST STATMENTS

No Cost Statments found.

TRANSFERS

No Transfers found.

POST TRIAL WRITS

No Post Trial Writs found.

ABSTRACTS

No Abstracts found.

SETTINGS

No Settings found.

NOTICES

No Notices found.

SUMMARY

CASE DETAILS

File Date	9/21/2017
Case (Cause) Location	Civil Intake 1st Floor
Case (Cause) Status	Active - Civil
Case (Cause) Type	Motor Vehicle Accident
Next/Last Setting Date	N/A
Jury Fee Paid Date	9/21/2017

CURRENT PRESIDING JUDGE

Court	011 th
Address	201 CAROLINE (Floor: 9) HOUSTON, TX 77002 Phone:7133686020
JudgeName	KRISTEN BRAUCHLE HAWKINS
Court Type	Civil

ACTIVE PARTIES

Name	Type	Post Jdgm	Attorney
LARUE, RUDOLPH C	PLAINTIFF - CIVIL		LARUE, DAVID JOHN
11411 GREEN PLAZA DRIVE APT 3407, HOUSTON, TX 77038			
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY	DEFENDANT - CIVIL		HACHENBURG, BARBARA L.
211 E 7TH STREET SUITE 620, AUSTIN, TX 78701			
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY (AN INSURANCE	REGISTERED AGENT		

INACTIVE PARTIES

No inactive parties found.

JUDGMENT/EVENTS

Date	Description	Order Signed	Post Jdgm	Pgs Volume /Page	Filing Attorney	Person Filing
10/30/2017	ANSWER ORIGINAL PETITION			0	HACHENBURG, BARBARA L.	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
9/21/2017	JURY FEE PAID (TRCP 216)			0		
9/21/2017	ORIGINAL PETITION			0	LARUE, DAVID JOHN	LARUE, RUDOLPH C

SERVICES

Type	Status	Instrument	Person	Requested	Issued	Served	Returned	Received	Tracking	Deliver To
CITATION SERVICE	ORIGINAL RETURN/EXECUTED	PETITION	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY (AN INSURANCE	9/21/2017	9/25/2017	10/3/2017		73416917		MAIL TO ATTORNEY

DOCUMENTS

Number	Document	Post Jdgm	Date	Pgs
restricted	Defendant's Original Answer		10/30/2017	3
restricted	Certificate of Written Discovery		10/30/2017	2
restricted	Citation		10/05/2017	3
restricted	Plaintiffs Original Petition And Request For Disclosure		09/21/2017	5
-> restricted	Civil Case Information Sheet		09/21/2017	1